

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>						SERIAL NO. 09912075	FILING DATE	
CLAIMS						* * *		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. DEP.	* IND. DEP.	* IND. DEP.
1	/	/	/	/	/	51	/	/
2	/	/	/	/	/	52	/	/
3	/	/	/	/	/	53	/	/
4	/	/	/	/	/	54	/	/
5	/	/	/	/	/	55	/	/
6	/	/	/	/	/	56	/	/
7	/	/	/	/	/	57	/	/
8	/	/	/	/	/	58	/	/
9	/	/	/	/	/	59	/	/
10	/	/	/	/	/	60	/	/
11	/	/	/	/	/	61	/	/
12	/	/	/	/	/	62	/	/
13	/	/	/	/	/	63	/	/
14	/	/	/	/	/	64	/	/
15	/	/	/	/	/	65	/	/
16	/	/	/	/	/	66	/	/
17	/	/	/	/	/	67	/	/
18	/	/	/	/	/	68	/	/
19	/	/	/	/	/	69	/	/
20	/	/	/	/	/	70	/	/
21	/	/	/	/	/	71	/	/
22	/	/	/	/	/	72	/	/
23	/	/	/	/	/	73	/	/
24	/	/	/	/	/	74	/	/
25	/	/	/	/	/	75	/	/
26	/	/	/	/	/	76	/	/
27	/	/	/	/	/	77	/	/
28	/	/	/	/	/	78	/	/
29	/	/	/	/	/	79	/	/
30	/	/	/	/	/	80	/	/
31	/	/	/	/	/	81	/	/
32	/	/	/	/	/	82	/	/
33	/	/	/	/	/	83	/	/
34	/	/	/	/	/	84	/	/
35	/	/	/	/	/	85	/	/
36	/	/	/	/	/	86	/	/
37	/	/	/	/	/	87	/	/
38	/	/	/	/	/	88	/	/
39	/	/	/	/	/	89	/	/
40	/	/	/	/	/	90	/	/
41	/	/	/	/	/	91	/	/
42	/	/	/	/	/	92	/	/
43	/	/	/	/	/	93	/	/
44	/	/	/	/	/	94	/	/
45	/	/	/	/	/	95	/	/
46	/	/	/	/	/	96	/	/
47	/	/	/	/	/	97	/	/
48	/	/	/	/	/	98	/	/
49	/	/	/	/	/	99	/	/
50	/	/	/	/	/	100	/	/
TOTAL IND.	1	/	/	/	/	TOTAL IND.	/	/
TOTAL DEP.	3	/	/	/	/	TOTAL DEP.	/	/
TOTAL CLAIMS	6	/	/	/	/	TOTAL CLAIMS	/	/

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS